Lower limb ischaemic venous thrombosis secondary to benign uterine leiomyoma: a case report

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A Denali Inferior Vena Cava (IVC) filter was placed to contain clot and intravenous heparin therapy commenced. A multi-disciplinary decision to initiate thrombolysis and perform operative fibroid excision was made. Forty-eight hours after thrombolysis, clinical improvement of the leg was evident.

CT abdomen & pelvis, coronal section: evident large pelvic mass

CT abdomen & pelvis, sagittal section: evident large pelvic mass arising from uterus

Venogram images 5 hours post thrombolysis initiation

- Distal external iliac vein thrombus (continuing above)
- Mirena IUS
- Extensive Common Femoral clot
- Multiple collateral vessels

Venogram 20 hours post thrombolysis initiation

- Small amount of residual thrombus (non-occlusive) within common femoral vein

The patient underwent a mid-line laparotomy, total abdominal hysterectomy and salpingo-oophrectomy with ureteric stenting. The procedure was performed uneventfully with minimal blood loss. Histological examination of the uterus identified a 23cmx16cmx11cm degenerative benign uterine leiomyoma. Prior to post-operative discharge, Warfarin therapy was commenced.

Approximately three weeks post-operatively an out-patient venogram was performed to assess suitability for IVC filter removal. Unfortunately due to clot within the IVC and remnant occlusive clot in the long saphenous vein filter removal was deemed inappropriate; however this was performed around twelve weeks post-operatively.

Conclusion:

Limited case reports describe all pathologies demonstrated in this patient; many report leiomyoma-associated compression of pelvic vessels resulting in venous thromboembolism. However none report critical ischaemia due to a benign uterine pathology, rendering this case somewhat rare.

References: